

Arkansas Department of Community Correction




Transitional Housing Facility License Application Packet

Arkansas Department of Community Correction


Transitional Housing Facility License Application Packet

1. AR 7.8 Transitional Housing Program (Guidelines)
2. Transitional Housing Facility License Application
3. Transitional Housing Policy Guideline
(How to write your policy and procedure manual.)
4. Sample Consent of Release of Confidential Information form.
5. Contact Information for the Americans with Disabilities Act (ADA)
6. AD 07-11 Rape Elimination
(To use as an example on how to address the Prison Rape Elimination Act (PREA))



	ADMINISTRATIVE REGULATION STATE OF ARKANSAS BOARD OF CORRECTIONS	Section Number: AR 7.8	Page Number: 1
		Board Approval Date: 9/6/06	
		Supersedes: AR 7.8	Dated: 8/15/05
		Reference: Act 678 & 679 of 2005	
		Secretary of State Rule Code 159.00	Effective: 12/12/06
SUBJECT: TRANSITIONAL HOUSING PROGRAM			

- I. **AUTHORITY.** The Board of Corrections (BOC) is vested with the authority to promulgate this administrative regulation by Ark. Code Ann. §§ 12-27-105, 16-93-1203, 16-93-1205 and Acts 678 and 679 of 2005.
- II. **APPLICABILITY.** This policy applies to Department of Community Correction (DCC) employees, offenders, and applicants for transitional housing licenses.
- III. **POLICY.** It is BOC policy that facilities and programs that provide transitional housing services to DCC offenders meet the licensing requirements established in this policy to ensure a structured, positive, and safe environment for offenders remanded for various transitional housing services and for the safety of the community.
- IV. **DEFINITIONS. Transitional Housing.** Transitional housing is a program that provides housing for one or more offenders who have either been transferred or paroled from the Department of Correction by the Parole Board or placed on probation by a circuit or district court. An offender's home or the residence of an offender's family member shall not be considered a transitional housing facility for purposes of this regulation.
- V. **GUIDELINES**
 - A. **General**
 1. The DCC Director is the authority for licensing Transitional Housing programs and/or facilities. Geographical limitations shall not be a sole factor of consideration in the licensing decision. The Director shall ensure the development and implementation of the necessary applications, forms, procedures and processes for obtaining sufficient information to make licensure and renewal decisions consistent with the requirements established by this regulation. Documentation supporting applications shall be deemed a part of the official application.
 2. Only DCC licensed facilities or programs will be used to house offenders while receiving transition services.
 3. Applicants for licensing will be notified in writing of the licensing decision and specific requirements, if any, were not met.
 4. Applicants may appeal the DCC Director's decision to the Board of Corrections, whose decision is binding.
 5. The licensing fee will be as established by the BOC. DCC shall make fee

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amounts and changes available to transitional housing licensing applicants and current licensees. All fees are nonrefundable regardless of the licensure decision.

6. A program that provides housing for one (1) or more offenders who either have been transferred or paroled from the ADC by the Parole Board or placed on probation by a circuit court or district court that is otherwise accredited or approved by an appropriate oversight body, as determined by the DCC Director, and is in compliance with the minimum requirements established in this policy shall automatically be issued a Transitional Housing License, with a waiver of the application fee.
7. An Arkansas Transitional Housing Facility License shall not be issued for a facility under the management, supervision, oversight or ownership of a person currently under a sentence or probation supervision for a felony offense. Ex-offenders must provide proof of discharge of the felony sentence.
8. Licensing and renewals shall be for twelve (12) months following issuance.

B. Transitional Housing Licensure Requirements.

1. Compliance with any local health and safety codes, including housing codes, fire codes, plumbing codes, and electrical codes, set by the jurisdiction(s) in which the transitional housing facility is located;
2. Compliance with any state and federal health and safety codes; and
3. Compliance with any local zoning ordinances; and
4. Compliance with allowable ratio of transitional housing facility square footage to residents; and
5. Meet the allowable ratio of bathing facilities and restroom facilities to residents.
6. Maintain separate sleeping and bathing rooms for males and females.
7. Meet the procedural guidelines and requirements established by DCC in an administrative directive for Transitional Housing.

- C. Early Releases to Transitional Housing.** Pursuant to Act 679 of 2005, Arkansas Department of Correction (ADC) inmates who are within one year of their transfer eligibility dates may be transferred early, by the Parole Board, to a licensed Transitional Housing facility (THF). Offenders released under this Act shall remain in the THF until released to parole or community supervision or revocation by the Parole Board. Any failure to report to the THF by the time scheduled (pre-defined at intake) will be deemed an escape and treated accordingly. An offender released under this Act may be allowed in the community only for the purpose of work and/or

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education or as otherwise established by written policy. The Deputy Director of Parole/Probation Services must ensure supervision officers are assigned for the period of residency at THFs. Procedures must be developed for the processing of inmates eligible for this program.

- D. License.** Licenses issued pursuant to this regulation shall become effective immediately upon issuance and shall remain in effect for twelve months, except when an unresolved non-compliance is cited by DCC resulting in revocation or suspension of the license.

VI. PROCEDURES. The DCC Director shall ensure the development and implementation of the necessary application, forms, procedures and processes for obtaining sufficient information to make licensure and renewal decisions consistent with the requirements established by this regulation. Documentation supporting applications shall be deemed a part of the official application.



Arkansas Department of Community Correction

Two Union National Plaza Building
105 West Capitol, 2nd Floor
Little Rock, Arkansas 72201-5731
(501) 682-9510 Fax: (501) 682-9513

ADMINISTRATIVE DIRECTIVE: 07-01 TRANSITIONAL HOUSING FACILITY LICENSE

TO: DEPARTMENT OF COMMUNITY CORRECTION EMPLOYEES

FROM: G. DAVID GUNTHARP, DIRECTOR

SUPERSEDED: AD 05-11

PAGE 1 of 10

APPROVED: Signature on File

EFFECTIVE: FEBRUARY 10, 2007

- I. APPLICABILITY.** This policy applies to Department of Community Correction (DCC) employees and applicants for a Transitional Housing Facility License (License).
- II. POLICY.** It is DCC policy that transitional housing facilities and programs that provide services to DCC offenders meet the licensing standards established in Administrative Regulation 7.8, "Transitional Housing Program," to ensure a structured, positive, and safe environment for offenders remanded for various transitional housing services and for the safety of the community.
- III. DEFINITIONS.**
 - A. Transitional Housing.** Transitional housing is a DCC licensed program that provides housing for one or more offenders who have either been transferred or paroled from the Department of Correction by the Parole Board or placed on probation by a circuit or district court. An offender's home or the residence of an offender's family member shall not be considered a transitional housing facility for purposes of this regulation.
 - B. License.** Arkansas Transitional Housing Facility License
 - C. Applicant.** Any individual, business, or organization that has applied to receive an Arkansas Transitional Housing Facility License.

IV. PROCEDURES.

A. Application.

1. The Chief Deputy Director will ensure that a current application (DCC Form 101) for a License is accessible to the public and maintained on the DCC website.
2. Applicants may contact the nearest Transitional Housing Review Team (THRT) located at one of the Area Offices listed on Attachment 1, or visit the DCC website for a License application. The Parole/Probation Manager will arrange and facilitate a THRT meeting to review applications, as necessary.
3. Applications and documents submitted to the DCC for consideration for licensing will not be returned.
4. A program that provides housing for one (1) or more offenders that is otherwise accredited, licensed, or approved by an appropriate oversight body, as determined by the DCC Director, shall automatically be issued a Transitional Housing License with a waiver of the application fee.

B. Transitional Housing Review Team (THRT).

1. The Assistant Directors for Parole/Probation will facilitate establishment and maintenance of a THRT for each Parole/Probation Area, to include the following: An Assistant Director of P/P Services, Parole/Probation Manager of P/P Treatment Services, 2 local P/P officers and 1 Substance Abuse Program Leader.
2. The THRT will receive and review license applications and documentation, perform onsite visits and inspections (initial and periodic, announced and unannounced), review reports of critical incidents involving or concerning DCC offenders, and make objective recommendations (using DCC Form 101) to the Deputy Director of Parole/Probation Services.
3. The THRT will conduct ACIC/NCIC and eOMIS queries to verify the criminal status of individuals operating, managing, supervising, overseeing and/or in ownership of the housing facility and to determine whether they are currently under a sentence or probation supervision for a felony offense.
4. THRTs will forward favorable and unfavorable licensure recommendations to the Deputy Director of Parole/Probation Services for review and action.
5. The Deputy Director of Parole/Probation Services will perform the following:
 - a. Review license recommendations,

- b. Obtain the Director's approval and signature and issue 12 month initial and renewal licenses to eligible applicants, in accordance with Administrative Regulation 7.8, "Transitional Housing Program,"
- c. Notify appropriate applicants and licensees in writing of licensure decisions, any specific requirements that were not met, decisions on appeals, and license fee changes, and
- d. Prepare appeals for the Director's review and Board of Corrections (BOC) action.

C. Collaboration. The following is established to gain continuity and coordination in the management of transitional housing arrangements for DCC offenders:

- 1. Parole/Probation Managers will assign and maintain assignment of a parole/probation officer (others as needed) to manage cases and coordinate with staff at transitional housing facilities or programs, as necessary.
- 2. DCC and transitional housing staff will communicate positive drug/alcohol test results as soon as possible.
- 3. The DCC parole/probation officer assigned to a transitional housing facility will investigate and report findings of any complaints, observed or suspected non-compliance with rules, policies, laws and/or regulations to the THRT for further action.
- 4. Transitional housing staff will respond to and notify the DCC supervision officer of such requests as subpoenas, court orders, search and arrest warrants.
- 5. Transitional housing staff will honor DCC travel passes and immediately report violations of travel restrictions to the DCC supervision officer.
- 6. Transitional housing staff will transmit written reports of offender progress (positive and negative) to the assigned supervision officer each month.
- 7. Transitional housing staff will immediately report an offender's violent and threatening behavior, endangering others, and awareness of an escape or abscond from the facility.
- 8. Transitional housing staff will, when possible, give prior notice to the parole/probation officer or Manager of any intentions to dismiss an offender from the facility.
- 9. Transitional housing staff will contact the DCC supervision officer and document all rule infractions or incidents warranting discharge of a DCC offender. Such incidents are serious, life threatening or violent, and may warrant local law

enforcement and supervising officer contact. Immediate dismissal is appropriate for acts of violence (verbal/physical and destruction of property), sexual assault and substance abuse.

10. The Deputy Director of Parole/Probation Services shall ensure that licensed Transitional Housing facilities document staff training and compliance with the Prison Rape Elimination Act (PREA).

- D. Licensure Requirements.** Applicants must satisfy 100% the requirements and Standards established in AR 7.8, "Transitional Housing Program" to receive a License or license renewal to provide or continue the provision of transitional housing to DCC offenders.
- E. Fees.** As established by the Board of Corrections (7/22/05), the non-refundable license application fee is \$250 for the initial license and \$100 for each subsequent annual renewal application of an existing license, unless the fee has been waived in accordance with the provisions of AR 7.8, "Transitional Housing Program."
- F. Monitoring for Compliance.** The Deputy Director for Parole/Probation must establish procedures for at least annual monitoring of providers licensed by DCC to operate as transitional housing facilities. Monitoring reports should be electronically forwarded to the Deputy Director of Parole/Probation Services and appropriate action taken concerning the findings.
- G. ADA Compliance.** The Chief Officer of the transitional housing facility must provide written assurance that the services operated will be in compliance with Title III of the ADA.
- H. Equal Opportunity.** Transitional housing facilities and services must be provided without regard to race, creed, color, gender, religion, age, national origin, disability or other biases prohibited by State or federal law.
- I. Display of License.** The Arkansas Transitional Housing Facility License must be displayed in or near the entrance of the facility at all times.
- J. Appeals.** An appeal of a licensing decision must be submitted in writing within 15 days of the initial decision. The appeal must be submitted to the DCC Director on the agency's letterhead and must include the date of application, the THRT location that accepted the application, and the agency's justification for requesting reconsideration. A response will be provided within 15 days of receipt of BOC action. The decision of the BOC is binding.

V. ATTACHMENT/FORMS.

Attachment 1 Transitional Housing Review Team Locations List

Application for Arkansas Transitional Housing Facility License, AD 07-01, Form 1

Department of Community Correction
Transitional Housing Review Team Locations

<p style="text-align: center;">AREA 1</p> <p>Area Manager 207 South Main Street Bentonville, AR 72712 Phone (479) 464-0736 Fax: (479) 464-0830</p>	<p style="text-align: center;">AREA 7</p> <p>Area Manager 2679 Pike Avenue North Little Rock, AR 72114 Phone (501) 371-1090 Fax: (501) 371-1567</p>
<p style="text-align: center;">AREA 2</p> <p>Area Manager 801 South Pine Street, Suite 1 Harrison, AR 72601 Phone (870) 741-3228 Fax: (870) 741-0028</p>	<p style="text-align: center;">AREA 9</p> <p>Area Manager 409 North Rosser, Suite B Forrest City, AR 72335 Phone (870) 630-1667 Fax: (870) 630-1746</p>
<p style="text-align: center;">AREA 3</p> <p>Area Manager 401 West Vine Searcy, AR 72143 Phone (501) 279-7990 Fax: (501) 279-9156</p>	<p style="text-align: center;">AREA 10</p> <p>Area Manager 127 West Page Avenue Malvern, AR 72104 Phone (501) 337-7973 Fax: (501) 337-9673</p>
<p style="text-align: center;">AREA 4</p> <p>Area Manager 511 Union Street #230 Courthouse Annex Jonesboro, AR 72401 Phone (870) 935-7290 Fax: (870) 972-0910</p>	<p style="text-align: center;">AREA 11</p> <p>Area Manager 2801 South Olive, Suite 6-D Pine Bluff, AR 71601 Phone (870) 535-7244 Phone (870) 850-8950 Fax: (870) 536-4924</p>
<p style="text-align: center;">AREA 5</p> <p>Area Manager 805 Garrison Fort Smith, AR 72901 Phone (479) 785-2664 -- Parole Phone (479) 782-2123 -- Probation Fax: (479) 782-3146</p>	<p style="text-align: center;">AREA 12</p> <p>Area Manager 601 Hazel, Suite 6 Texarkana, AR 71854 Phone (870) 779-2000 Fax: (870) 779-2043</p>
<p style="text-align: center;">AREA 6</p> <p>Area Manager 707 Robins Suite 102 Conway, AR 72032 Phone (501) 327-3256 Fax: (501) 327-3299</p>	<p style="text-align: center;">AREA 13</p> <p>Area Manager 1906 West Hillsboro El Dorado, AR 71731 Phone (870) 862-3449 Fax: (870) 352-3111</p>

**Arkansas Department of Community Correction
Arkansas Transitional Housing Facility License Application**

Check One: ☐ NEW APPLICATION ☐ RENEWAL

APPLICATION DATE: _____

Facility Name: _____

Address: _____
Street City State Zip

Administrator/Director: _____
Name (Print or Type) Official Title

Telephone # _____ Cell Phone # _____ Email Address _____

Contact Person: _____
Name (Print or Type) Official Title

Telephone # _____ Cell Phone # _____ Email Address _____

**CURRENT
FACILITY
LICENSES**

Type	Licensed By	License Number	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOUSING CAPACITY	# of MALE Rooms: _____	# of FEMALE Rooms: _____	# of MIXED Rooms: _____	= TOTAL CAPACITY: _____
---------------------	---------------------------	-----------------------------	----------------------------	----------------------------

Facility Handicapped Accessible: ☐ YES ☐ NO RATIO of Counselors _____ to Clients _____

Meals Served: ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Daily Other: _____

**CONTRACTED
SERVICES
AT FACILITY**

Contractor	Type of Service
_____	_____
_____	_____

PROGRAMS & SERVICES PROVIDED

PROGRAMS PROVIDED

	YES	NO
Drug/Alcohol Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Drug/Alcohol Education	<input type="checkbox"/>	<input type="checkbox"/>
Individual Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Group Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Program	<input type="checkbox"/>	<input type="checkbox"/>
12-Step Programs	<input type="checkbox"/>	<input type="checkbox"/>
Parenting	<input type="checkbox"/>	<input type="checkbox"/>
Anger Management	<input type="checkbox"/>	<input type="checkbox"/>

OTHER: (1) _____

SERVICES PROVIDED

	YES	NO
Employment Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>
Support Services (e.g. Medicaid)	<input type="checkbox"/>	<input type="checkbox"/>
Medical Services	<input type="checkbox"/>	<input type="checkbox"/>
Dental Services	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Resident Parking	<input type="checkbox"/>	<input type="checkbox"/>
Laundry Services	<input type="checkbox"/>	<input type="checkbox"/>
Resident Kitchen Privileges	<input type="checkbox"/>	<input type="checkbox"/>

(2) _____ (3) _____ (4) _____

Date: _____

Please list the name, position, date of birth, social security number, race and sex (m-male/f-female) of each person who will provide services at the transitional housing facility upon licensing. Attach additional pages, as needed.

[illegible]

Date _____

Agency: _____

The attachments indicating proof of compliance should be numbered and coincide with the ones listed below. Submit applications & documentation to the nearest Parole/Probation Manager for processing.

ATTACHMENTS	COMMENTS	YES	NO
1. Nonrefundable license fee enclosed		<input type="checkbox"/>	<input type="checkbox"/>
2. Copies of Certificates of Compliance and/or satisfactory inspections from local authorities:		<input type="checkbox"/>	<input type="checkbox"/>
(a) Building Code		<input type="checkbox"/>	<input type="checkbox"/>
(b) Health Code		<input type="checkbox"/>	<input type="checkbox"/>
(c) Housing Code		<input type="checkbox"/>	<input type="checkbox"/>
(d) Safety Code		<input type="checkbox"/>	<input type="checkbox"/>
(e) Food Service (as appropriate)		<input type="checkbox"/>	<input type="checkbox"/>
(f) Fire Code		<input type="checkbox"/>	<input type="checkbox"/>
(g) Plumbing Code		<input type="checkbox"/>	<input type="checkbox"/>
(h) Electrical Code		<input type="checkbox"/>	<input type="checkbox"/>
(i) Zoning Ordinance (Conditional or Special Use Permit accepted)		<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of Business License or Proof of 501C(3) status		<input type="checkbox"/>	<input type="checkbox"/>
4. Transportation provided, proof of adequate automobile insurance and first aid kits, fire suppression equipment & successful completion of training on its use attached.		<input type="checkbox"/>	<input type="checkbox"/>
5. Proof of liability and premise insurance.		<input type="checkbox"/>	<input type="checkbox"/>
6. Itemized list of fees (in dollar amts, one-time/monthly) assessed or charged offenders		<input type="checkbox"/>	<input type="checkbox"/>
7. Itemized list of violation fines, and other charge(s), in dollar amounts, assessed or charged offenders.		<input type="checkbox"/>	<input type="checkbox"/>
8. Itemized list of products and the cost of each that will be sold to offenders residing in the housing facility.		<input type="checkbox"/>	<input type="checkbox"/>
9. Proof of vehicle safety inspections by qualified individuals in accordance with state statutes for vehicles owned, leased, or used in operation of the housing program.		<input type="checkbox"/>	<input type="checkbox"/>
10. Ex-offenders/employed by the facility have proof of discharge from felony sentence.	Name(s):	<input type="checkbox"/>	<input type="checkbox"/>
11. Copy of Red Cross or American Heart Association certifications of staff qualified to perform CPR & First Aid.		<input type="checkbox"/>	<input type="checkbox"/>
Copies of Policies/Procedures that address the following:			
12. Facility Disaster Plan, including evacuation procedures, documented drills, and contingency plan for continued treatment or programming in the event of a disaster.		<input type="checkbox"/>	<input type="checkbox"/>
13. Response to subpoenas, court orders, search, and arrest warrants.		<input type="checkbox"/>	<input type="checkbox"/>
14. Immediate notification of DCC staff when an offender escapes or absconds from the facility.		<input type="checkbox"/>	<input type="checkbox"/>

Agency: _____

ATTACHMENTS	COMMENTS	YES	NO
15. Offender records are uniform in format and content, and are bound to prevent accidental loss. All entries are chronologically listed and signed or initiated.		<input type="checkbox"/>	<input type="checkbox"/>
16. Release of pertinent medical information to medical personnel providing care in life-threatening situations and the offender's condition or situation precludes the possibility of obtaining the offender's or administrator's written authorizations if obtaining such authorization would cause excessive delay in delivering medical attention. Policy requires the person releasing the information to document the details of what, when, to whom, and why the information was released and inform the offender of the release.		<input type="checkbox"/>	<input type="checkbox"/>
17. Copy of the facility's Policies/Procedures safeguarding confidential offender information (especially concerning substance abuse, mental and personal health) from unauthorized access and/or disclosure.		<input type="checkbox"/>	<input type="checkbox"/>
18. Transitional housing policy and procedures require.			
(a) When disclosing offender information pursuant to a written consent to release information, written notice of prohibition of re-disclosure is also provided. Such releases become a permanent part of the offender record.		<input type="checkbox"/>	<input type="checkbox"/>
(b) Transitional staff to make written reports at least monthly of offender progress (positive and negative) to the assigned supervision officer, unless the offender exhibits violent and threatening behavior, endangering others, in which case, immediate notification is appropriate.		<input type="checkbox"/>	<input type="checkbox"/>
(c) Prior notice (when possible) of any intentions to dismiss an offender from the program facility.		<input type="checkbox"/>	<input type="checkbox"/>
(d) Transitional staff to contact the assigned DCC officer before dismissing an offender from the transitional housing facility. Policy also requires all incidents and/or rule infractions to be documented in the offender's progress notes prior to any discharge action, unless the incident is a life threatening or violent situation. Such violent situations warrant local law enforcement and supervising officer contact.		<input type="checkbox"/>	<input type="checkbox"/>
(e) Prior authorization from DCC, court, or Parole Board before accepting DCC offenders into the transitional housing facility/program.		<input type="checkbox"/>	<input type="checkbox"/>
(f) Transitional housing facilities and services are provided without regard to race, creed, color, gender, religion, age, national origin, disability or other biases prohibited by State or federal law.		<input type="checkbox"/>	<input type="checkbox"/>
(g) Denial of out of county weekend travel or special passes for an offender unless approved by DCC staff.		<input type="checkbox"/>	<input type="checkbox"/>
19. Rules attached that allow immediate dismissal for acts of violence verbal/physical, and destruction of property), sexual assault, and substance abuse.		<input type="checkbox"/>	<input type="checkbox"/>
20. Copy of policies/procedures on adherence to the Prison Rape Elimination Act (PREA)		<input type="checkbox"/>	<input type="checkbox"/>

Agency: _____

PHYSICAL PLANT ASSURANCES

REQUIREMENT	COMMENTS	YES	NO
21. Evidence of curfews and house rules to include enforcement.		<input type="checkbox"/>	<input type="checkbox"/>
22. Adequate space in sleeping rooms for the number of occupants.		<input type="checkbox"/>	<input type="checkbox"/>
23. Individual storage is available for clothes and personal items.		<input type="checkbox"/>	<input type="checkbox"/>
24. Telephone lines allow for electronic monitoring of offenders.		<input type="checkbox"/>	<input type="checkbox"/>
25. Male and female bedrooms and bathrooms are separate with adequate barriers between.		<input type="checkbox"/>	<input type="checkbox"/>
26. The number of toilets, sinks, and showers are adequate for the number of occupants.		<input type="checkbox"/>	<input type="checkbox"/>
27. If the facility is a private residence, it has a separate entrance to an exclusive service area for DCC residents.		<input type="checkbox"/>	<input type="checkbox"/>
28. Facility is clean and presentable.		<input type="checkbox"/>	<input type="checkbox"/>
29. Adequate laundry facilities are on the premises or within a reasonable distance from the facility.		<input type="checkbox"/>	<input type="checkbox"/>
30. Evidence of curfews and house rules (including enforcement) is visible.		<input type="checkbox"/>	<input type="checkbox"/>
31. Noticeable signs posted at the entrance that weapons are prohibited except for law enforcement officers or officials pursuing their lawful duties.		<input type="checkbox"/>	<input type="checkbox"/>
32. Facilities are adequately equipped with first aid supplies and fire suppression equipment.		<input type="checkbox"/>	<input type="checkbox"/>
33. Vehicles used to transport offenders are adequately equipped with first aid and fire suppression equipment.		<input type="checkbox"/>	<input type="checkbox"/>
34. Offender files are secured and inaccessible to unauthorized individuals.		<input type="checkbox"/>	<input type="checkbox"/>
35. Evidence that the facility is accessible to offenders 24 hours daily.		<input type="checkbox"/>	<input type="checkbox"/>
36. Evidence that staff are present during structured activities		<input type="checkbox"/>	<input type="checkbox"/>
37. The agency's chief officer's statement is attached assuring operation of services in compliance with Title III of the ADA.		<input type="checkbox"/>	<input type="checkbox"/>

DCC STAFF USE ONLY		Received by: _____	Date: _____
THRT AREA _____	THRT Recommendation:	<input type="checkbox"/> Approval	<input type="checkbox"/> Denial
Application Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No		P/P Assistant Director Signature: _____	
Comments to include reasons if recommending denial: _____			
<input type="checkbox"/> Reviewed		P/P Deputy Director Signature: _____	Date: _____
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		Director's Signature: _____	Date: _____

Department of Community Correction

Treatment Program Services

Transitional Housing Policy Guideline

Policy is a plan of action. It gives a step-by-step description of how you do business. When your detailed policy statements are put together with all applicable forms used by your agency, you have a **Policy and Procedure Manual**. Anyone could pick up this manual, read through it, and have a good idea of how you conduct business.

DCC cannot dictate your policy. However, in order to be licensed as a Transitional House, your policy has to include some specific policy statements by law. This Policy Guideline is therefore an attempt to assist you in including those items in your policy. Your agency will have to present your **Policy and Procedure Manual** during the audit and the following items should be contained in that manual. Please note that the content of your policy and procedure manual is not limited to these items:

Cover Page

This page simply has the name of your facility, and below it write: "POLICY AND PROCEDURE".

Section I: Introduction

Introduce your facility and perhaps give a brief history. Issues addressed in this section may include:

- a. Your "Mission Statement".
- b. Statement of services you provide and cost.
- c. Office hours and statement your facility is accessible to clients 24 hours daily.
- d. Statement of your admission criteria.
- e. Procedure for admission and admission contact person.

Section II: Equal Opportunity

State your compliance with Civil Rights Laws, American Disability Act, and Prison Rape Elimination Act (PREA). Issues addressed in this section should include:

- a. Statement that your agency provides services without regard to race, creed, color, etc. or other biases prohibited by State or Federal law.
- b. Statement whether your facility is handicap accessible.
- c. Statement of all the rights your agency provides clients.
- d. Statement of grievance procedure.
- e. Statement of how your agency addresses "PREA" related reports.

Section III: Confidentiality

State your compliance with laws governing confidentiality, and describe your compliance procedure. Issues addressed in this section include:

- a. Statement that all records are kept confidential.
- b. Specification that this includes substance abuse, mental, and medical records.
- c. Statement that no disclosure is made without a written Consent for Release of Information signed and dated by the client.

- d. Statement that even with a written consent only specified information is released.
- e. Statement that all releases become permanent part of each client's record.
- f. Statement that "Prohibition of Re-disclosure Statement" is included in any information disclosed with a written consent.
- g. Statement that your agency would release a client's information without consent in the event of a medical emergency and the client's condition precludes the possibility of obtaining a written authorization.
- h. Statement that even in "g" above only pertinent information will be released, and details of the released information will be documented in client's record.

Section IV: Rules and Regulation

State all the rules clients have to abide. Issues addressed here may include:

- a. Statement of curfew.
- b. Statement of usage of phone, Laundromat, gym, etc.
- c. Statement of procedure for conflict resolution.
- d. Statement of any fines and charges.

Section V: Record Keeping

State how your agency records and maintain client's record. Issues addressed here include:

- a. Statement that clients' records are uniform in format and content.
- b. Statement that the contents are bound to prevent accidental loss.
- c. Statement that all entries are listed chronologically, signed, and dated.
- d. Statement that all files are stamped "Confidential".
- e. Statement that all files are kept in a locked cabinet in a locked room.
- f. Statement that only staff members have access to the files.
- g. Statement of discharge policy and procedure.
- h. Statement on how long you maintain records after discharge before destroying.

Section VI: Law Enforcement Partnership

State your relationship with law enforcement officers and describe how your agency handles subpoenas, court orders, search, and arrest warrants. Issues addressed in this section include:

- a. Statement that you will notify DCC immediately if an offender absconds.
- b. Written monthly progress report (positive or negative) will be sent the Officer.
- c. DCC Officer will be notified immediately if offender shows violent behavior and any life-threatening situation is reported to local law enforcement immediately and DCC Officer as soon as possible.
- d. In non-emergency, DCC Officer will be notified prior to discharging an offender.
- e. All incidents and rule violations are documented in the progress report prior to any discharge.
- f. Statement that your facility will not accept any DCC client without prior authorization from DCC, Court, or Parole Board.
- g. Statement that you will deny request for out-of-county travel passes or special passes unless approved by a DCC staff.
- h. Statements that act of verbal/physical violence, sexual assault, substance use, destruction of property, etc, are grounds for dismissal.
- i. Statements of how your agency addresses issues of contrabands.

Section VII: Staff

Give a general picture of your staff and the various titles. Other issues to be addressed here include:

- a. Statement of your hiring procedure.
- b. Statement of staff benefits.
- c. Statement of staff rights.
- d. Statement of staff training procedure including training/certification for CPR and First Aid.
- e. Statement that no staff on active probation or parole is in a managerial position thereby having authority over other clients, and ex-offenders has proof of discharge from felony sentence.
- f. Disciplinary action and Grievance Procedure.

Section VIII: Property Maintenance

State how your property is maintained, including compliance with city or county ordinance. Issues to be addressed in this section include:

- a. Statement of Zoning Ordinance and your business being licensed.
- b. Statement of your agency vehicle inspection and maintenance.
- c. Statement of First Aid kits and Fire Extinguishers in your buildings and vehicles.
- d. Statement of availability of vehicle and building insurance as required by law.
- e. Statement that only staff with valid driver's license operates your vehicle.
- f. Statement of compliance and/or satisfactory inspections from local authorities in the following areas as appropriate: building, health, housing, safety, food, fire, plumbing, and electrical codes.

Section IX: Emergency Disaster Plan

State how you handle emergency situations, including fire, tornado, etc. Issues addressed in this section should include:

- a. How you respond in the event of fire, tornado, etc.
- b. Identify at least two locations where everyone meets when you evacuate.
- c. State who is responsible for head count.
- d. State how often you have fire, tornado, etc, drills.
- e. State how the records of your drills are maintained.
- f. State any emergency response training your staff attend and how often.
- g. Identify alternative facility to be used if your facility could not be reoccupied.

Section X: Forms

Clean and current copies of all the forms used in your agency as well as copies of licenses, insurance, code inspection reports, First Aid certificates, vehicle papers, etc are filed in this section.

XYZ Living Center
124 Always Street
Little Rock, Arkansas 72201

Consent for Release of Confidential Information

I, _____ hereby consent that

XYZ Living Center may exchange specified confidential information with:

(Agency/Person): _____

The following information may be exchanged between XYZ Living Center and the above named agency or individual:

(Check what applies): _____ Admission Information _____ Progress Update
_____ Discharge Information _____ Other (*specify*): _____

The purpose of the release is (*check what applies*):

_____ Verification of Compliance with Court Mandates _____ Progress Monitoring
_____ Coordination of Services _____ Other (*specify*): _____

I understand that unless revoked by me this consent will remain in effect for the duration of my stay at the XYZ Living Center, except in the case that I have been legally mandated into XYZ Living Center by one of the parties specified in this consent. If one of the parties specified in this consent is a Criminal Justice System entity that mandated services, this consent will remain in effect until such time that the date or condition or event of expiration occurs.

I also understand that any disclosure made is bound by 42 CFR Part 2 governing confidentiality of alcohol and drug abuse client records. Further disclosure may be made by the recipient in connection with official duties as permitted by law.

Signature of Client:

Date:

Signature of Witness:

Date:

Notice to Recipient: You have received confidential information in compliance with 42 CFR, Part 2 and 45 CFR Parts 160 & 164. Further disclosure without a proper consent is prohibited. You shall not disclose the information provided to another via this consent unless you have obtained a proper consent for such disclosure.

ADA MATERIALS AVAILABLE FREE FROM THE DEPARTMENT OF JUSTICE

The U.S. Department of Justice provides information about the Americans with Disabilities Act (ADA) through a toll-free ADA Information Line. This service permits businesses, State and local governments, or others to call and ask questions about general or specific ADA requirements including questions about the ADA Standards for Accessible Design.

Until further notice, ADA specialists are available **Monday through Friday from 10:30 AM until 4:30 PM (eastern time)** except on **Thursday** when the hours are **12:30 PM until 4:30 PM**.

Spanish language service is also available.

For general ADA information, answers to specific technical questions, free ADA materials, or information about filing a complaint, call:

800 - 514 - 0301 (voice)

800 - 514 - 0383 (TTY)

www.ada.gov/ (Website)

The U.S. Department of Justice provides free ADA materials. Printed materials may be ordered by calling the ADA Information Line (1-800-514-0301 (Voice) or 1-800-514-0383 (TDD)). Automated service is available 24-hours a day for recorded information and to order publications.

Publications are available in standard print as well as large print, audiotape, Braille, and computer disk for people with disabilities.

ADA Title III: Public Accommodations

Title III covers businesses and nonprofit service providers that are public accommodations, privately operated entities offering certain types of courses and examinations, privately operated transportation, and commercial facilities. Public accommodations are private entities who own, lease, lease to, or operate facilities such as restaurants, retail stores, hotels, movie theaters, private schools, convention centers, doctors' offices, homeless shelters, transportation depots, zoos, funeral homes, day care centers, and recreation facilities including sports stadiums and fitness clubs. Transportation services provided by private entities are also covered by title III.

Public accommodations must comply with basic nondiscrimination requirements that prohibit exclusion, segregation, and unequal treatment. They also must comply with specific requirements related to architectural standards for new and altered buildings; reasonable modifications to policies, practices, and procedures; effective communication with people with hearing, vision, or speech disabilities; and other access requirements. Additionally, public accommodations must remove barriers in existing buildings where it is easy to do so without much difficulty or expense, given the public accommodation's resources.

Courses and examinations related to professional, educational, or trade-related applications, licensing, certifications, or credentialing must be provided in a place and manner accessible to people with disabilities, or alternative accessible arrangements must be offered.

Commercial facilities, such as factories and warehouses, must comply with the ADA's architectural standards for new construction and alterations.

Contact information:

www.ada.gov

(800) 514-0301 (voice)

(800) 514-0383 (TTY)



"Service with Excellence
& Integrity"

Arkansas Department of Community Correction

Two Union National Plaza Building

105 West Capitol, 2nd Floor

Little Rock, Arkansas 72201-5731

(501) 682-9510 Fax: (501) 682-9513

ADMINISTRATIVE DIRECTIVE: 07-11

RAPE ELIMINATION

TO: DEPARTMENT OF COMMUNITY CORRECTION (DCC) EMPLOYEES

FROM: G. DAVID GUNTARP, DIRECTOR

SUPERSEDES: AD 06-12

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APPROVED: _____ **Signature on File**

EFFECTIVE: JUNE 11, 2007

- I. APPLICABILITY.** This policy applies to DCC employees, offenders under DCC supervision who have been in jail and/or prison, volunteers and medical staff.
- II. POLICY.** It is DCC policy to comply with the Prison Rape Elimination Act (PREA) by maintaining a standard of zero tolerance of prohibited sexual acts in DCC residential and licensed transitional housing facilities; by protecting the eighth amendment right of residents; by providing a safe, humane, and secure environment free from the threat of prohibited sexual acts. DCC will establish and maintain training programs that address prevention, detection, response, investigation, and cooperation in prosecution.
- III. DEFINITIONS.**
 - A. Carnal Knowledge.** Contact between the penis and the vulva or the penis and the anus, including penetration of any sort, however slight.

"We provide opportunities for positive change."

- B. Oral Sodomy.** Contact between the mouth and the penis, the mouth and the vulva, or the mouth and the anus.
- C. Prohibited Sexual Act.** Rape, as defined by the Prison Rape Elimination Act (PREA), of an offender under community supervision, in DCC custody, or housed in a transitional housing facility as a conditional release from the Arkansas Department of Correction (ADC.)
- D. Rape.** The carnal knowledge, oral sodomy, sexual assault with an object, or sexual fondling of a person, forcibly or against that person's will, also where the victim is incapable of giving consent because of his/her youth or temporary or permanent mental or physical incapacity; or, the carnal knowledge, oral sodomy, sexual assault with an object, or sexual fondling of a person achieved through the exploitation of the fear or threat of physical violence or bodily injury.
- E. Sexual Assault with an Object.** The use of any hand, finger, object, or other instrument to penetrate, however slightly, the genital or anal opening of the body of another person.
- F. Sexual Fondling.** The touching of the private body parts of another person including the genitalia, anus, groin, breast, inner thigh, or buttocks for the purpose of sexual gratification.
- G. Victim Support Person.** A counselor assigned and designated to support an alleged victim during the investigation of an alleged sexual assault.

IV. PROCEDURES.

A. Employee Training.

1. Supervisors must ensure new DCC employees receive training related to prohibited sexual acts between offenders and/or between offenders and staff. Training must ensure staff understands their obligation to report prohibited sexual acts as well as prevention, detection, response, penalties, investigation of alleged prohibited sexual acts.

2. All DCC supervisors must ensure the provision of annual staff training on prohibited sexual acts, including how to accept and process reports of prohibited sexual acts.
3. Lesson plans and/or materials used for training residents and staff must follow the same approval process as for employee training, as described in the Employee Training policy.

B. DCC Residential Facilities.

1. During orientation, new residents must receive oral and written information about prohibited sexual acts specifically concerning prevention, self-protection, reporting, treatment and counseling, and consequences. Provisions must be made as appropriate for non-English speaking and disabled residents, and residents with low literacy levels.
2. The Center Supervisor must designate and make appropriate arrangements for an employee to support alleged victims during the investigation of an alleged prohibited sexual act with or by a resident.
3. The Center Supervisor must ensure a visual inspection of the facility design at least annually to detect and eradicate places that would increase the likelihood for prohibited sexual acts.
4. Counselors must conduct initial mental health screening to include a review of any history of sexual abuse victimization or sexually predatory behavior. When a resident is considered to be substantially at risk of being victimized or an aggressor, notify the treatment coordinator and senior residential supervisor.
5. The Senior Residential Supervisor must ensure a resident who is considered to be substantially at risk of being victimized or an aggressor has housing and job assignments that minimize opportunities for prohibited sexual acts. The supervisor will review and make appropriate changes to reduce possibilities of prohibited sexual acts, while enforcing the resident conduct policy.

6. Reporting Prohibited Sexual Acts.

- a. Prohibited Sexual Act at a Non-DCC Facility. A resident may report a prohibited sexual act to any DCC employee.

When a DCC resident makes a claim to a DCC employee that he or she was the victim of a prohibited sexual act while being detained, incarcerated, or housed in a Non-DCC facility, the employee must immediately provide the offender with a copy of AD 07-11 Form 1, "Affidavit" to document the facts supporting the alleged sexual act. When the resident completes the affidavit, he/she is not required to complete an incident form. A completed form will be immediately forwarded in a confidential manner to the Internal Affairs Administrator for reporting to the entity where the alleged prohibited sexual act was to have occurred.

- b. Reporting a Prohibited Sexual Act that Occurred in a DCC Facility. A resident may report a prohibited sexual act verbally or in writing to any DCC employee.

(1) If there is any possibility that forensic evidence may be collected, the employee to whom the alleged prohibited sexual act report is given must instruct the resident not to shower or otherwise clean him/herself, not to drink or brush his/her teeth if the assault was oral, not to remove any article of clothing, and not to take any other action that could damage or destroy evidence. If the victim has identified the alleged assailant, clothing from the assailant should be taken for forensic review. If the resident has already showered following the incident, a medical examination is still warranted and any articles of clothing worn during the assault by the victim should be collected for forensic review.

(2) The employee must notify the highest ranking supervisor on duty immediately, and write an incident report, as described in the incident reporting policy.

(3) Upon notice of an alleged prohibited sexual act, the supervisor must promptly notify the medical staff and arrange for the alleged victim to be medically examined. Medical staff will follow medical protocol including provisions for examination, documentation, transportation to the local

hospital when appropriate, collection of evidence, testing for sexually transmitted diseases, counseling, as appropriate, follow-up, and mental health assessment.

(4) Following the medical examination, the supervisor must request the IAA to conduct an initial interview. The alleged victim may identify a staff member to be present during the initial interview. When considered appropriate, the Victim Support Person may also be present.

(5) The supervisor must assure physical separation (including housing) of the alleged resident victim and aggressor during the investigation.

c. The supervisor must complete an incident report form and in addition to regular requirements for processing incident reports, send a copy, along with the resident's report and reports from others, directly to the Internal Affairs Administrator under "confidential" cover. Electronic reports may be sent by email.

d. The supervisor must follow guidance in the policy for "Reporting and Investigating Incidents and Hazards and notify the following people, promptly, (or when they return to duty): the Victim support person, Staff on Duty (SOD), treatment coordinator, chaplain and the shift supervisor on the next shift.

e. The supervisor will ensure evidence is collected and preserved, and the crime scene is preserved. If the investigation report substantiates the allegation of a prohibited sexual act, the DCC Internal Affairs Administrator will notify the director and forward a copy of the report to the Arkansas State Police for criminal investigation.

f. The Resident Management Team will take appropriate actions regarding offender classification when presented with the alleged occurrence of prohibited sexual acts.

C. Other DCC Offices/Staff. If an incident of a prohibited sexual act while in some other level of custody (prison, community correctional facility, jail, treatment center, licensed transitional living facility, police or courthouse lockup is alleged by an offender under

DCC supervision to a DCC employee, the employee must take the following appropriate actions.

1. Parole/Probation Officers must immediately provide the offender AD 07-11 Form 1, "Affidavit" to record who, what, when, and how the alleged prohibited sexual act occurred. The completed form will be promptly forwarded under "confidential" cover directly to the Internal Affairs Administrator for reporting to the appropriate agency where the alleged prohibited sexual act was to have occurred. The supervision officer will make appropriate referral for services, i.e. medical examination, treatment, counseling.

Offenders may decline submitting or completing the affidavit. If an offender does not want to file an affidavit, the supervision officer must note in eOMIS under supervision contacts that the affidavit was provided and the offender declined to file the complaint. In addition, the supervising officer must contact the IAA and provide as much information regarding the incident as possible, including the offender's name, the alleged location(s) of the offense, dates and any names of the offending party, if known.

2. Counseling staff are not expected to violate their professional and ethical obligations regarding client confidentiality. Any offender that reports an alleged prohibited sexual act should be provided with AD 07-11 Form 1, "Affidavit" and the client should be strongly encouraged to submit that information to the PPO. With offender approval, counseling staff may accept and forward an affidavit and/or discuss the offender's information with the PPO. Consideration of whether counseling staff should disclose information obtained during a counseling session regarding and alleged prohibited sexual act will be made on a case-by-case basis.
3. Other staff receiving a report of an alleged prohibited sexual act should immediately provide the offender with AD 07-11 Form 1, "Affidavit" and forward that document directly to the IAA. If an offender declines to file an affidavit, the staff member must notify the supervising officer for the offender and have them make an entry into e-OMIS regarding the offender's report and declining the filing of an affidavit.

D. Notices. DCC Deputy Directors must ensure all DCC offices/facilities display the Rape Elimination, Sexual Abuse Notice (Attachment 1) in prominent places.

Attachment 1 Rape Elimination Sexual Abuse Notice
Form 1 Affidavit

Department of Community Correction (DCC)
RAPE ELIMINATION,
SEXUAL ABUSE NOTICE

If you were sexually assaulted while confined in a local, state or federal jail, prison or residential facility, a DCC-licensed transitional housing facility, or while under Parole/Probation supervision, you may report that assault. If you choose to report the alleged assault, you must do the following:

1. Request a sexual misconduct "Affidavit" Form from an employee of a DCC correctional center, parole/probation or central office.-
2. Complete the "Affidavit" form.

2. Give the "Affidavit" form to a DCC employee;

OR

Mail the "Affidavit" form to the following address:

Internal Affairs Administrator
Dept. of Community Correction
105 W. Capitol Avenue, 2nd floor
Little Rock, Arkansas 72201-5731

4. Cooperate with department staff, they are trained to help you obtain counseling and prevent further abuse.

Reference: 45 Unites States Code §15601 et.seq., "Prison Rape Elimination Act of 2003"

DCC AD 07-11 Attachment 1

AFFIDAVIT

Your Name: _____

Address: _____

City _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Date or approximate date when alleged offense was committed: _____

Location where alleged offense was committed (be as specific as possible and include the name(s) of the prison or facility):

List any witnesses to the alleged offense (include contact information if available or last known location):

Write a DETAILED statement explaining what happened including the identity of any person(s) involved in committing the alleged offense, the identity of persons who were witnesses and/or person(s) to whom you reported the alleged offense prior to completing this report.

(Please attach additional pages if necessary)

I certify that the above statement is true and accurately reflects the incident I am reporting. Furthermore, I understand that by filing this affidavit the Arkansas State Police will investigate the allegation(s).

Signature: _____ Date: _____

(This affidavit may be submitted to any DCC staff or mailed directly to: Internal Affairs Administrator, DCC,
105 West Capitol Avenue – 2nd Floor, Little Rock, AR 72201